

Pre-Application
Kentucky Community Development Office
Governor's Office for Local Development

Project

Project Title: _____

CEGG Amount Requested: \$ _____ Total Project Amount: _____

Type of Capital Grant Project (please check all that apply):

☐ Industrial Site Development ☐ Land Acquisition ☐ Debt Retirement ☐ New
Facility Construction

☐ Facility Renovation ☐ Public Infrastructure ☐ Major Equipment Purchase ☐
Matching Funds

☐ Other

Grantee

Legal Grantee: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Official's Name: _____ County: _____

Co-Applicants

Co-Applicants (if applicable): _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Contact Person: _____

Legal Counsel

Legal Counsel: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Contact Person: _____

Project Contact

Agency: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Project Contact Person: _____

Area Development District: _____

Designated ADD-CEGG Contact Person: _____

Detailed Project Description

Provide a detailed narrative description of project with **ALL** relevant project information, including but not limited to, project location, elements to be constructed, size of facilities, utility providers, capacity, number of jobs to be created, county impact, any preliminary studies (engineering, environmental), plans and design documents, etc. In addition, applicants **MUST** provide a statement with supportive documentation showing public benefit to be derived from the project. (REQUIRED):

Please provide the estimated start and completion dates for project.

Start Date _____ Completion Date _____

Financing

Include all funding amounts and sources.

Source	Amount	Project %	Type	Rate	Term	Status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TOTAL # _____

Checklist

Make sure to attach all relevant information and documentation and mail three complete copies to the respective region's Area Development District.

- ☐ Attachment A-Line Item Cost Estimate
- ☐ Attach a copy of ALL funding commitment letters received to date. If funds are shown as cash, please provide proof of availability.
- ☐ Attach a copy of the resolution(s) authorizing the project submission.
- ☐ Attach a copy of the ADD letter of recommendation or denial.

Disclaimer: Depending on type of proposed project, the Kentucky Community Development Office and GOLD reserve the right to request additional information and documentation specific to the nature, structure, and proposed utilization of the funds.

Attachment A: Line-Item Budget Breakdown

Line-item Cost Estimate

Please provide a detailed line-item cost estimate for all expenses related to the project.

Line Item

Amount

Kentucky Community Development Office ▪ Governor's Office for Local Development
1024 Capital Center Drive, Suite 340 ▪ Frankfort, KY 40601
Phone: 502-573-2382 ▪ Toll Free: 800-346-5606 ▪ Fax: 502-573-0175 ▪ www.gold.ky.gov

